

# Indian Officers Working on INSA / MUI Agreement

Claim Notice Sent on \_\_\_\_\_

## THE MERCHANT NAVY OFFICER'S WELFARE FUND

"UDYOG BHAVAN", 4<sup>th</sup> Floor, 29, Walchand Hirachand Marg, Ballard Estate, Mumbai – 400 038.  
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### STATEMENT OF CLAIM FOR HOSPITALISATION TREATMENT

<b>M.N.O.W.F.</b>
Received on _____
Date _____
Inw No. _____ By _____

<b>For Office Use only</b>
<b>Claim No.</b> _____

(IN CAPITAL LETTERS)

PARTICULARS OF CLAIM	PARTICULARS OF OFFICER
Name of the Patient _____	Name _____
Date of Birth _____	Company _____ Rank _____
Relationship _____	Whether on contract or MUI terms _____
Nature of Illness _____	Date of Joining _____
Is the dependent patient employed ? YES/NO	Authorised Leave from _____ to _____
Name of Employer _____	Unemployed Since _____

Home Address :- \_\_\_\_\_

Tel No. : \_\_\_\_\_

Particulars of Bank A/c :-

Mobile No. : \_\_\_\_\_

Name of A/c. holder \_\_\_\_\_ Account No. \_\_\_\_\_

Name of the Bank \_\_\_\_\_

Name of the Branch \_\_\_\_\_ Address \_\_\_\_\_

1. **In case of Accident** : Answer the following. (a) When did the accident happen ?  
Date \_\_\_\_\_ Time \_\_\_\_\_

(b) Give brief description of accident \_\_\_\_\_

2. (a) I/my wife/child have/has not received any medical/financial aid from any source.  
(b) My wife in respect of herself/child has received financial assistance to the extent of  
Rs. \_\_\_\_\_ from her employers.  
Messers \_\_\_\_\_

Address \_\_\_\_\_

3. Last claim made on the **THE MERCHANT NAVY OFFICERS' WELFARE FUND** in respect of any member of family under claim No. \_\_\_\_\_ Date \_\_\_\_\_ for Rs. \_\_\_\_\_
4. Total amount of this claim is Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)
5. I hereby declare that the foregoing and the details of treatment and expenses incurred as given below are true in every respect and are made without and reservation.

Date \_\_\_\_\_

Signature \_\_\_\_\_  
Officer (in his absence his wife)

**IMPORTANT :** PLEASE DO NOT LEAVE ANY ITEM BLANK AND ATTACH ALL BILLS, RECEIPTS, CERTIFICATES, PRESCRIPTIONS, REPORTS & CASH MEMOS FOR MEDICINES.

**Details of Treatment and Expenses**

- A. HOSPITAL CHARGES :** (Room, Board and Ordinary Services)
- Admission/Registration Charges Rs. \_\_\_\_\_
- Admitted to Hospital on \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.
- Discharged on \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.
- Charges for \_\_\_\_\_ days at Rs. \_\_\_\_\_ per day Rs. \_\_\_\_\_
- Total..... Rs. \_\_\_\_\_
- Under Medical care of Dr. \_\_\_\_\_
- from \_\_\_\_\_ upto \_\_\_\_\_

		<b>Other Charges</b>			
<b>B. Name and Address of the Hospital/Nursing Home</b>	1. Operation/Delivery Room .. ..	Rs.	_____		
	2. Oxygen, Blood Transfusion .. ..	Rs.	_____		
	3. Laboratory .. ..	Rs.	_____		
	4. X-Ray .. ..	Rs.	_____		
	5. ECG, BMR .. ..	Rs.	_____		
	6. Drugs & Dressings	From Hospital ..	Rs.	_____	
		From Market ..	Rs.	_____	
7. Others .. ..	Rs.	_____			
		Rs.	_____		
		Rs.	_____		
		Total	_____		

**C Surgeon's Fees** : (To be completed by the Surgeon/Gynaecologist).

1. Patient's Name \_\_\_\_\_ Age \_\_\_\_\_

Nature of Surgical or Obsterical Procedure \_\_\_\_\_

Operation performed at \_\_\_\_\_ Date \_\_\_\_\_

Charge for the above procedure Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

Anaesthetist's Fees Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

Signature \_\_\_\_\_

Surgeon/Gynaecologist

Date \_\_\_\_\_ 200

Address \_\_\_\_\_

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**D Consultant's Fees** : (To be completed by the Physician/Consultant)

1. Name of Patient \_\_\_\_\_ Age \_\_\_\_\_

2. Diagnosis \_\_\_\_\_

3. Consultation on (Date/s) \_\_\_\_\_ @ Rs. \_\_\_\_\_

\_\_\_\_\_ @ Rs. \_\_\_\_\_

Total Rs.....

\_\_\_\_\_

I certify that I had advised the above patient to get admitted in the Hospital &

I had recommended the service of Special Nurse/Ward boy.

To be struck off if not applicable.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Physician/Consultant

Address \_\_\_\_\_

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**IMPORTANT** : (1) Entries in Sections A, B, C, & D must be supported by separate Bills and receipts from the respective parties i.e Hospital, Surgeon/Anaesthetist Physician, Consultant and prescriptions and cash memos for medicines. (2) In case of Operation/Delivery part 'C' must be completed and signed by Surgeon/Gynaecologist. In other cases part 'D' must be signed by the Consultant/attending Physician. For delivery claim, to attach photocopy of the child's Birth certificate / Hospital Discharge Card. (3) Prescription should clearly show the name of patient, Date, Name and quantity of medicines. (4) Cash memos should clearly indicate the name of patient and name of Doctor. (5) Claim form should be submitted as early as possible but not later than six months. (6) Relevant page of your C. D. C. including name page, should be attached. (7) unsigned forms will be returned.

**PLEASE ATTACH PROOF (XEROX COPIES) OF YOUR IMMEDIATE LAST / PRESENT EMPLOYMENT**